

Registration Form



The Art & Craft of Leadership

Congregation: _____

Contact Person Name: _____

Email Address: _____

Phone: _____

Workshops

- February 12: The Spiritual Life and Faith Development of Unitarian Universalists Parents

- February 24: What Happens When We Grow?

Participants

Use back of page if necessary.

First Name	Last Name	Email Address	Role

Payment Method: Check Visa Mastercard

Registration Fee
\$15 per person

Name on Credit Card: _____

Total Registration Fee: \$ _____

Credit Card Billing Address: _____

_____ Zip: _____

Credit Card # _____

Exp. Date: _____ 3-digit Security Code: _____

Signature: _____

Send this form and payment to
Massachusetts Bay District
P.O. Box 390117
Cambridge, MA 02139